SAMHSA-HRSA
CENTER for INTEGRATED
HEALTH SOLUTIONS

Getting the Most Out of Your PBHCI Grant

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SAMHSA HRSA

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PBHCI Core Grant Expectations

- Provide, by qualified primary care professionals, onsite primary care services
- Provide, by qualified specialty care professionals or other coordinators of care, medically necessary referrals and linkages to primary care services

Additional PBHCI Grant Core Services

- Comprehensive care management
- Care coordination
- Health promotion
- Comprehensive transitional care from inpatient to other settings, including appropriate follow-up
- Individual and family support, which includes authorized representatives
- Referral to community and social support services, including appropriate follow-up

Other Requirements

- Establish PBHCI Coordination Teams (Chief Executive Officer, Chief Financial Officer, Chief Medical Director, Primary Care Lead, PBHCI Project Director, and PBHCI Consumer)
- Prioritize enrolling consumers into the PBHCI program who are not currently receiving primary care services.
- Develop an integrated treatment team

Integrated Care Team

Grantees must include the following members at minimum:

- Primary care provider (e.g., doctor, nurse practitioner, physician assistant, medical assistant, etc.)
- Nurse care coordinator
- Integrated care manager
- Peer wellness coach
- Co-occurring substance use disorder counselor
- Other: pharmacist, nutritionist/dietician, dentist, occupational therapist, etc.

Key Areas of Concern

- Engagement (Enrollment & Reassessment)
- Quality of Care
- Cost of Care

So how do grantees address key areas of concern in creative ways?

Potential Areas of Innovation

- **Staffing**
- Marketing
- Community Partnerships
- Data
- **Use of Incentives**

Incentives- Marion County

Incentives-Marion County

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SAMHSA Reminders

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The Circle of Care: How we imagine it

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The Circle of Care: How it works (in the *real* world)

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The Circle of Care and the Leaky Bucket

In 2011, IMS released updated statistics on what it dubbed "The Leaky Bucket."

- The National Study revealed a trend that experts have called both shocking and alarming
  - As few as 6 out of 10 prescriptions written even make it to the pharmacy
  - Only 54% of prescriptions written receive their original fill
  - Only 17% of prescriptions written are refilled as prescribed
  - Numbers among patients with SMI are expected to be even worse!

Medication Possession Ratio (MPR)

Medication Adherence

- The extent to which a patient acts in accordance with the prescribed interval, and dose of a dosing regimen.
- 80% rule, patients with 80% or better adherence have significantly better clinical outcomes as compared to patients with less than 80% adherence.

Finding a Better Way

Our Story:

- A Large number of patients were not:
  - Picking up new prescriptions when prescribed
  - Refilling prescriptions as prescribed
  - Disclosing medications from Primary Care Providers
- Needed to get actionable data to the prescribers to solve this issue
  - Partnered with a pharmacy to handle all psyche and primary care medications for all willing clients
  - Began sharing data between EMR and Pharmacy
  - Implemented a Medication Adherence and Persistence Service (MAPS) to ensure that all prescribed meds were received by the client

Our MAPS to Success

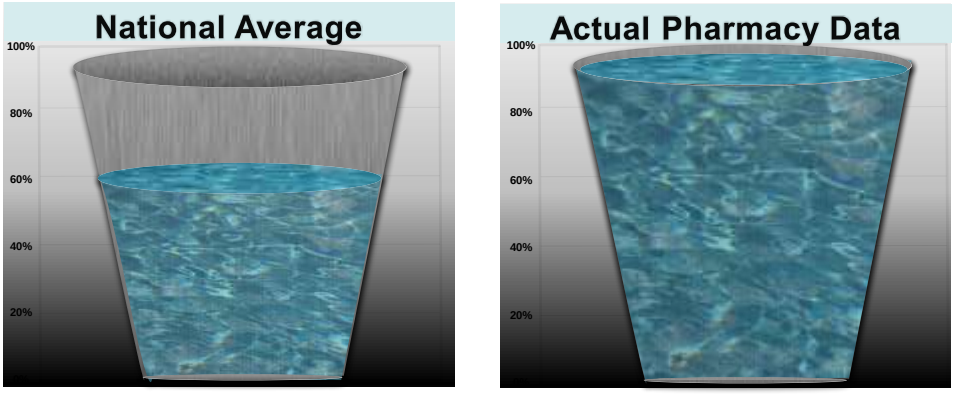
The Pharmacy Maintains a Virtual Perpetual Inventory for All Client Medications Based on Pickup-Date

- Clients are notified via phone, email, and/or text 5 business days before they should run out of meds
- Pharmacy sends nightly exports of all clients who have failed to pickup their medications by the due date
- A Escalation Protocol was put in place to contact non-compliant clients
  - **One-Two Days Late:** RSS pickup reminder calls
  - **Three Days Late:** RN Review scheduled and required before medications can be picked up
  - **Six Days Late:** Dr. Appointment scheduled
  - **Seven Days Late:** Medications are Discontinued and require a new prescription

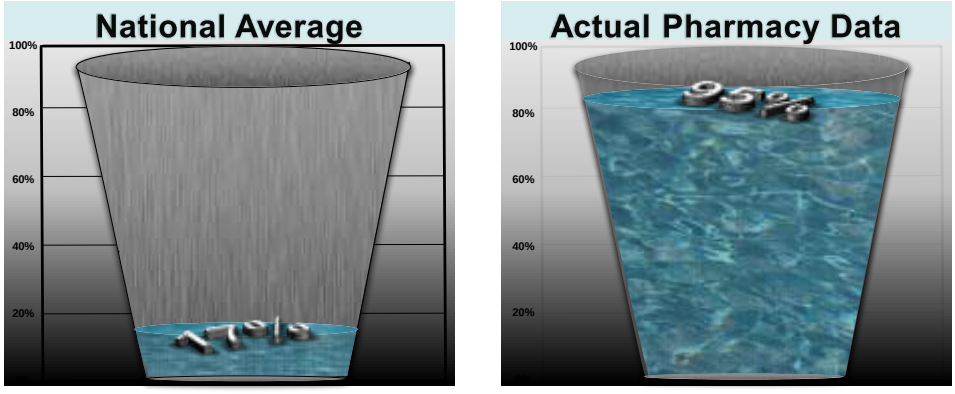
60%

100%

National Average vs. Actual Pharmacy Data
Rx's arriving to pharmacy



National Average vs. Actual
Rx's Refilled as Prescribed



Integration is the Key

From the beginning, we focused on integrating data between our EMR and our Pharmacy partner.

- When a medication is DC'd in our EMR system, the pharmacy is immediately aware, and DC's the medication on their end
  - This prevents the client from accidentally refilling a medication, even if it has refills remaining.
- When a client has recent lab results indicating a cardiometabolic disease, the pharmacy is able to cross-reference with active medications and notify our staff if the client is not currently in treatment
  - For example, if a client has high cholesterol, the pharmacy can notify us if they are not taking any Statins.
    - All too often, we are discovering that the PCP is not actively treating clients for cardiometabolic diseases. When they don't we do.

Completing the Circle

After our success with integrated pharmacy services, we are now rolling out integrated lab services as well. We are able to report on the combined data between

- Our Medical Record
- Pharmacy
- Medication Compliance Testing (UA)
- Blood labs
  - Cardiometabolic (wellness testing)
  - Drug safety testing (Clozaril, Lithium, etc.)

Putting it All Together

We needed a simple way to communicate key data to prescribers (and clients) that was

- Timely
- Actionable
- Efficient
- Easy to Understand and Communicate

The Circle of Care: What Really Works

Questions?